

Native American Prevention Project Against AIDS and Substance Abuse

Level I Youth Manual



Acknowledgements

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Junior High Schools

Dilcon School
Hopi Junior High School
Kayenta Junior High School
Leupp Public School
Leupp Schools, Inc.
Tuba City Boarding School
Tuba City Junior High School
Winslow Junior High School

Senior High Schools

Chief Leschi School
Flagstaff BIA Dormitory
Greyhills High School
Hopi High School
Kayenta High School
Tuba City High School
Winslow BIA Dormitory
Winslow High School

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The Navajo National Health Department

The Hopi Health Department

The Navajo Nation AIDS Network

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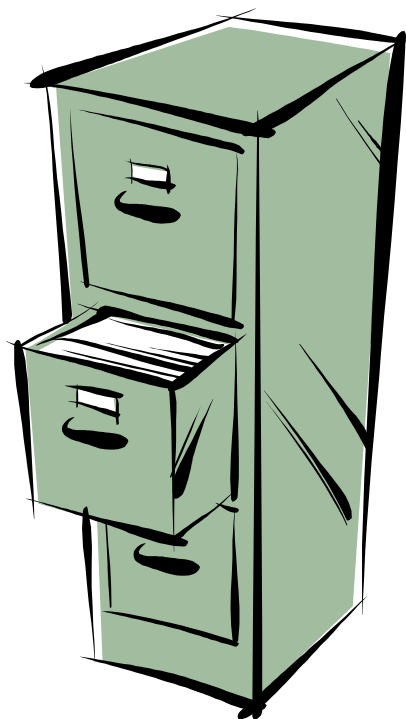
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Survey Sessions

SURVEYS

Preliminary Sessions 1 and 2 gather information about you that we collected before we got started with the activities and the discussions. The answers you give on the questionnaire will help us determine what you already understand, so that we don't spend too much time teaching you things you already know.

Everything you tell us on these surveys will be kept a secret. Do not put your name anywhere on the questionnaire. We will have someone type the answers into a computer to evaluate this program. No one will know your answers because your name will not be on the questionnaire.



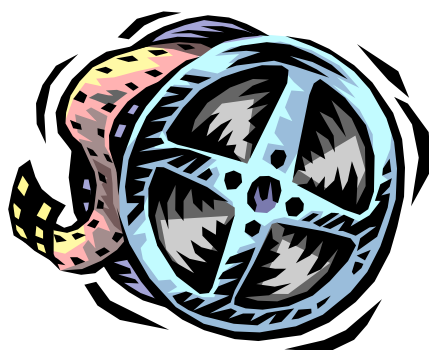
Session 1

Introduction

Today we will get to know each other by introducing ourselves with a warm-up exercise. Some of the information about ourselves we might share is our names, where we were born, or how many people are in our family.

We will also talk about the program that you will be involved in over the next five weeks. This program will involve some lecturing, but most of the time will be spent on special activities, games and films that teach us about AIDS, alcohol, and other drug abuse.

As we start, we will watch a film today called "Choices: Teens Speak Up."



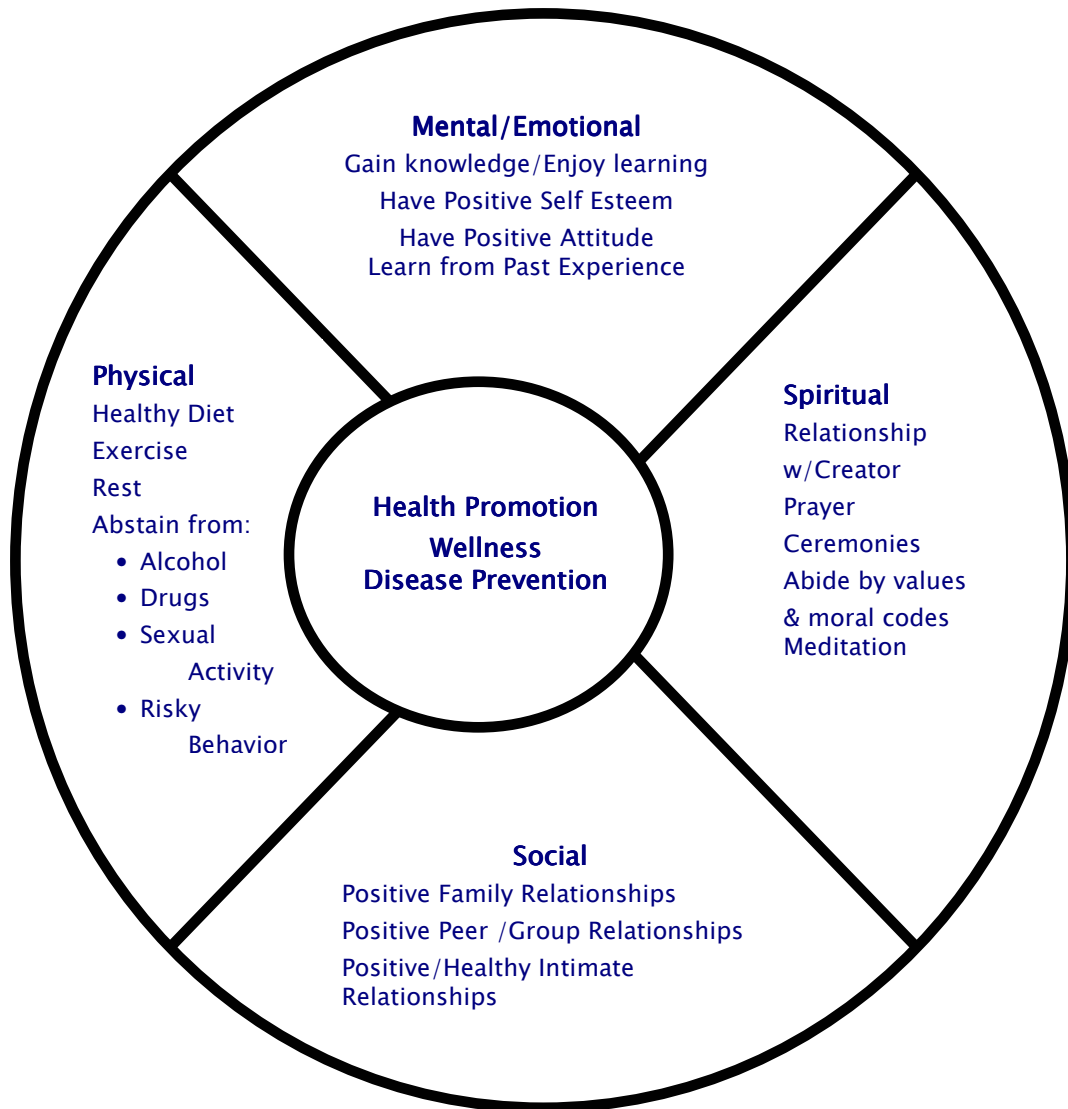
Ground Rules

- Respect what other people say, no put downs.
- Be sensitive to other peoples feelings.
- It's okay to pass.
- Share but keep from getting too personal and using names.
- Keep confidential all comments shared by other students in your class.
- Use proper terms, do not use street or slang terms.
- Remember, there are no dumb questions.

Session 2

Concepts of Health and Prevention

How do you see everything fitting together?

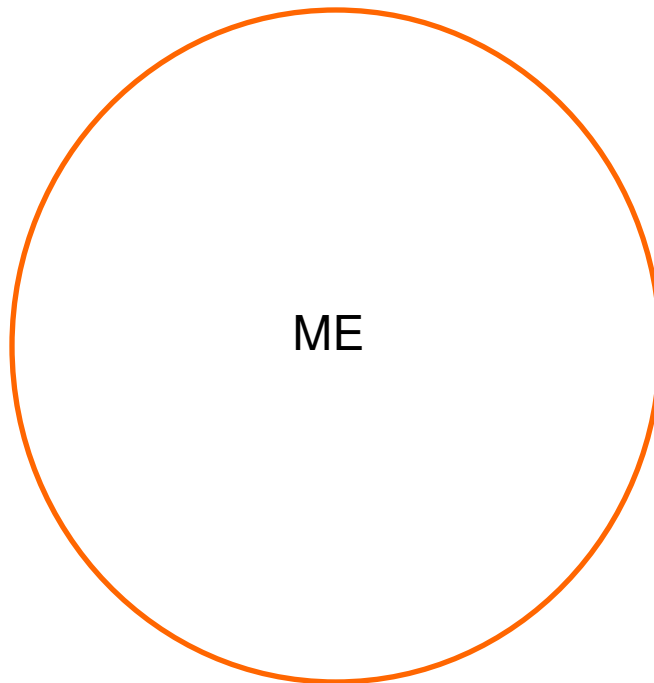


Discussion questions for prevention video

- What are some different types of prevention?
- What are some of the risks or consequences involved with alcohol and drug use?

This circle represents prevention.

- Who and what would you include inside?
- What are the dangers outside the circle?



Session 3

Alcohol and Other Drugs

What are they and what do they do?

What drugs have you heard of?

Important Information on Inhalants

Inhalants are chemicals that people breathe in. They include solvents and aerosols. Solvents are substances such as plastic cement, model airplane glue, nail polish remover, lighter fluid, or gasoline. An aerosol is a liquid, solid or gas from a container. Cookwares coating agents, deodorants, hair sprays, insecticides or paints are aerosol products.

Inhalants slow down the body's functions and produce effects similar to those of alcohol. Inhaled vapors from solvents and aerosols rapidly enter the bloodstream from the lungs and then quickly enter organs such as the brain and liver. The first effects of inhalation include feelings of euphoria, dizziness, lightheadedness, vivid fantasies, and feeling of excitement. Nausea, sneezing, sensitivity to light, coughing hallucinations increased saliva, lack of coordination and loss of appetite may occur. Inhalants also lower the heart rate and breathing rate and affect judgement. Vision can become blurred, speech is slurred and the individual gets sleepy.

Deep breathing of these vapors or continuous use over a short period of time may result in losing touch with one's surroundings, a loss of self-control, unconsciousness, seizures, and very slow or delayed reflexes. Other effects include nosebleeds, bloodshot eyes, bad breath, sores on nose and mouth, and liver and kidney damage. There is a high risk of sudden death from inhaling a spray. Inhaling a spray can either interfere with breathing or it can produce an irregular heartbeat, leading to heart failure and death. This is especially risky if concentrated spray fumes are inhaled from a paper bag.

Over a long period of use, fatigue and weight loss are common. Damage to the nervous system and body tissues may occur because some of the chemicals in paint thinner, lighter fluid, and gasoline are quite poisonous. Psychological effects include memory loss, depression, and hostility.

REMEMBER

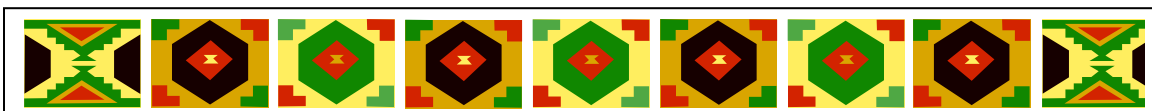
- Effects of inhalants are immediate because the chemical vapors go immediately into the blood stream through the lining of the nose.
- Chemicals in inhalants (hydrocarbons, chlorohydrocarbons) change the functioning of brain cells, which is what creates the "high" feeling.
- Difficulty in controlling how much chemical is taken in may result in an overdose. Brain cells are damaged or killed, resulting in death.
- Regular use of even small amounts of inhaled drugs results in permanent brain damage resulting in difficulty learning, controlling behavior, and avoiding accidental injuries.



WARNING! ALCOHOL & OTHER DRUGS = DANGER!

The effects listed can be far worse depending on how much alcohol you have consumed already before taking the drugs and vice-versa (how many pills you have taken already before taking alcohol).

Alcohol + Inhalants	= Increased disorientation unconsciousness, stopped breathing, and death.
Alcohol + Antihistamines (including cold remedies and allergy medications)	= Increased central nervous system depression, e.g. drowsiness
Alcohol + Aspirin	= Stomach and intestinal bleeding
Alcohol + Narcotics (e.g. codeine, heroin)	= Increased central nervous system depression with acute intoxication. Possible respiratory arrest.
Alcohol + Non Narcotic Pain Killers (e.g. Tylenol)	= Stomach and possible intestinal irritation and possible bleeding.
Alcohol + High Blood Pressure Medications	= Increased effect. In some cases, blood pressure medicine can be lowered to dangerous levels.
Alcohol + Antibiotics	= Flushing, hyperventilating, vomiting drowsiness
Alcohol + Sedatives or Tranquilizers (e.g. Valium, Librium)	= Increased central nervous system depression; with high doses, possible heart attack, stop breathing and death



What body parts are affected by alcohol? Using the diagram of the body, fill in the blanks after each sentence with the body part that is affected.

1. Alcohol can damage this organ so that all food and drink become a poison to this body.

ANSWER: _____

2. Alcohol affects the body's command center, so that you have trouble concentrating, thinking and even moving.

ANSWER: _____

3. This is the part of the body that alcohol first enters. If you drink too much your breath will smell bad.

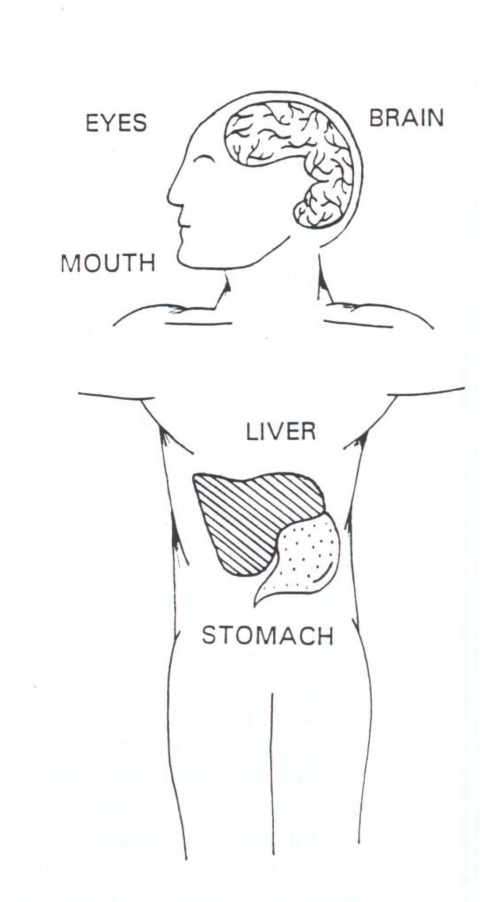
ANSWER: _____

4. The world will look blurry if you drink too much alcohol. Not only that, this body part will turn red.

ANSWER: _____

5. Alcohol goes directly into this body part after you swallow it.

ANSWER: _____



How much alcohol will affect the body and behavior depends on:

1. The amount of alcohol consumed.
2. The speed (or time taken) in consuming it.
3. The strength of the alcoholic beverage as indicated by its "proof" or "percent alcohol by volume" number. (Stronger ones have higher numbers.) The proof number is twice as much as the percent-by-volume number. An 80 proof beverage has 40% alcohol.
4. The drinker's body weight (it takes more alcohol to get a large person intoxicated).
5. The presence of food in the stomach since food slows the absorption of alcohol into the bloodstream.
6. Whether or not the person is already tired or sleepy.
7. The other drugs present in the body. (Tranquilizers and sedatives – downers – greatly increase the effects of alcohol.)
8. How much the person's body has experienced alcohol. Heavy regular users and alcoholics can TOLERATE more alcohol intake before showing some of the effects on behavior.

Other things can determine how much alcohol will affect behavior. These include:

9. The drinker's expectations of the alcohol effects. For example, people who expect to get drunk quickly will start to show the expected effects of intoxication sooner than someone drinking the same amount who doesn't have that expectation.
10. The drinker's state of mind. Alcohol will have different effects on people who are experiencing different emotional states of mind. Angry people who drink will show more anger and aggressive behavior. Alcohol triggers violent behavior.

Now find these terms below. They go across, up and down, and two are backwards.

J	K	M	F	C	B	X	K	Y	N	D	P
J	T	S	B	Q	T	M	G	F	O	E	T
N	O	P	N	K	L	M	I	F	G	T	I
M	B	C	I	B	E	L	L	I	Y	A	N
E	A	E	T	H	A	N	O	L	P	C	H
G	C	P	O	G	U	C	E	F	D	I	A
I	C	D	T	B	D	B	G	N	K	X	L
P	O	M	I	L	L	E	G	A	L	O	A
N	S	T	N	L	Y	Q	L	B	O	T	N
F	B	D	E	P	R	E	S	S	A	N	T
O	B	X	D	E	R	I	A	P	M	I	G
P	R	E	S	C	R	I	P	T	I	O	N

Prescription
Depressant

Tobacco
Illegal


Impaired
Intoxicated

Inhalant
Ethanol

Session 4

Coping with Alcoholism and Drug Abuse

Chemical Dependency

Warning Signs	
<ul style="list-style-type: none"> • 1 Decrease in the level and consistency (regularity) of school performance and attendance. • 2 Decreased class attendance and an increase in making excuses for not finishing work. • 3 Lack of personal hygiene, grooming and care in appearance. • 4 Associating (going with) other students who use alcohol and drugs. • 5 Withdrawing from family responsibilities and contacts with normal social groups at school. • 6 Defensive attitude about the use of alcohol and other drugs. 	<ul style="list-style-type: none"> • 7 Unusual or unpredictable mood swings and attitude changes (including anger, depression, guilt, shame, etc.) • 8 Increases in making excuses for school absences, not finishing work, or not following through on daily commitments. • 9 Trouble with police and other authorities from breaking rules and laws. • 10 Higher than normal rate of physical injuries (bruises, cuts, broken bones) resulting from accidents. • 11 Higher rates of permanent damage to unborn babies when a women drinks during pregnancy. This appearance of physical abnormalities and mental retardation is Fetal Alcohol Syndrome.

From the movie Broken Promises

Important Concepts from Part One:

1. Alcoholism is a disease
2. This disease has different names:
 - Alcoholism
 - Chemical Dependency
 - Addiction
3. Living with a person who is addicted hurts the whole family.



Remember: You are not alone. You don't cause the disease. You can't cure it, but you can cope with it.

WAYS TO DEAL WITH OTHER PEOPLE'S NEGATIVE FEELINGS:	
1.	
2.	
3.	
4.	
5.	

My Dear Friend:

I'll bet you think no one knows how you feel when your mom or dad drinks too much, right? Wrong! I do know how you feel because one of my parents is an alcoholic.

It is not easy, is it? When I was your age, I felt so alone with the problems at home. I was scared to tell anyone, and sometimes, when it was really bad, my stomach would hurt because I thought it might be my fault. None of my friends ever spent the night at my house because I did not want them to know. I felt ashamed, like I was not quite as good as the rest of the kids.

Know what else I felt? MAD! I thought drinking meant that my alcoholic parent did not really love me. I hated those booze bottles, and sometimes I even thought I hated my alcoholic parent. Then I would feel guilty, and my stomach would hurt more.

When I grew up and moved away, I met other people who had an alcoholic parent. We talked a lot and I learned a lot about drinking problems like the one that messed up my family. I felt free at last. You will probably feel that way some day too, even though it does not seem possible to you right now.

You know what? I wish I had known the truth about alcoholism when I was your age. It would have made me feel a lot better. I did not have a friend to tell me the truth – but you do! I care about you, and I want you to know these facts. Please try to remember them when things get bad, and I'll bet you will feel better.

Fact #1 **Alcoholism is a disease**, just like diabetes or heart trouble. Your parent is not a bad person; he or she has a disease that makes him or her lose control when drinking. People who have diseases do not like to be sick. Maybe the disease makes them do mean or stupid things that they would not do if they were well.

Fact #2 **You cannot control your parent's drinking. And it is not your fault.** So do not worry about hiding his or her bottles or trying to be perfect so you will not trigger a drinking spree. NO one in the world is perfect. You are not the reason that your parent drinks. You did not cause the disease. In fact, your parent would drink even if you had never been born! So do not feel guilty.

Fact #3

You are not alone. There are lots of kids just like us. It'll bet there are some in your class at school --- kid you would never think about have a problem--drinking parent because, like you, they don't talk about it. Or, maybe you know who some of them are. There are 7 million children with alcoholic parents in America. We are a big team!

Fact #4

You can talk about the problem, and it will make you feel better.

There is a group of kids just like you and me called "Alateen". This group has meetings, just like a club, and the kids there share tips on how to make their lives easier. Look for the phone number of Alateen in the phone book, or call directory assistance (411) and ask for the number for Alateen in your area. If you do not find a listing for Alateen, call the local chapter of alcoholics anonymous for direction. You may find these meetings very helpful. Maybe a family member or a family friend can give you a ride to the meeting.

Even if you cannot go to Alateen meeting, please don't forget the four facts, OK? They will make you feel better.

Sincerely,

A Friend Who Has Been There



What should you do?

DO...

Talk about your feelings with a close friend, relative, teacher, pastor, or others. Sharing your feelings is not being mean to your family – it's a normal part of being human? Talking to someone about your feelings can help you feel less alone, and that person might be able to comfort you.

Try to get involved in doing fun things at school or near where you live – the school band, softball, Boy or Girl scouts or others. Doing these types of fun things can help you forget about the problems at home and can help you feel better about yourself

Remember that your thoughts and feelings are normal. It is OK to hate the disease of alcoholism and love your alcoholic parent – both at the same time! All people have self-doubts and mixed-up feelings. It's part of growing up.

Remember how to have fun! Sometimes children with alcoholic families worry so much that they forget how to “just be a kid.” You deserve a good case of the giggles sometimes and special treats. If things are bad at home, you might not have anyone who will help you have fun. But that doesn't have to stop you. Find a friend who likes to have fun.

Go to Alateen meetings. Meeting new friends who understand will remind you of this fact – YOU ARE NOT ALONE!

DON'T

Don't ride in a car when the driver has been drinking if you can avoid it. It is not safe. Walk, or try to get a ride with an adult friend who has not been drinking.

Don't feel guilty or ashamed about the problem at home. Alcoholism is a disease, and diseases are nobody's fault. Anybody who makes fun of alcoholics just doesn't understand that fact. (Just because your parent is an alcoholic doesn't mean you will be.)

Don't try to convince your parents to stop drinking when he or she is drunk. The drinker is not thinking clearly at such times and may forget what you say.

Don't pour or try to water down your parent's alcohol. The plain fact is that it won't work. You have no control over the drinking. You didn't make the problem start, and you can't make it stop. It is up to your parent to get treatment, so relax. What your parent does is not your responsibility or your fault. So give yourself a break!



Session 5

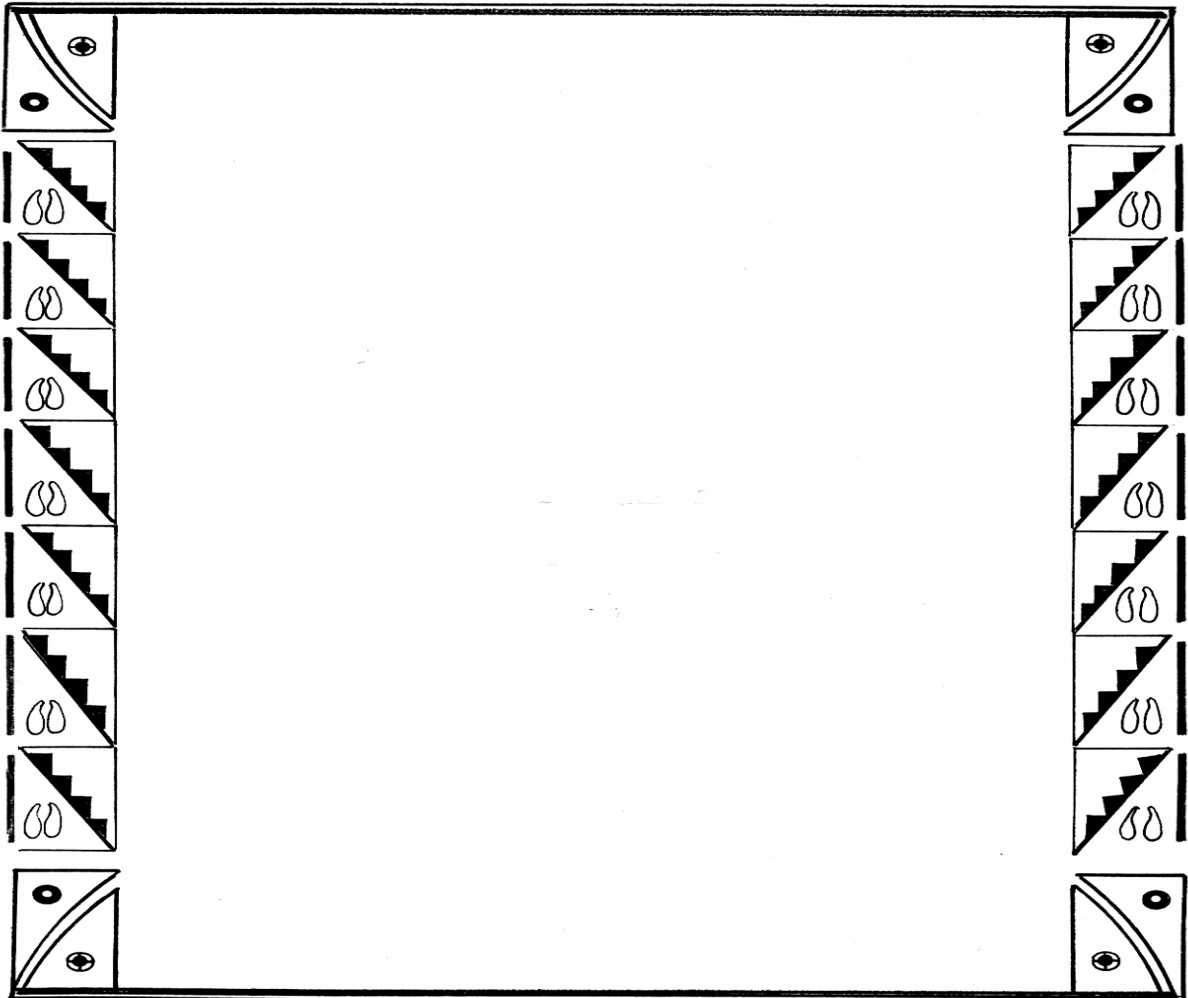
Pressure

Where Pressure Comes From

Advertising and Manipulation

What should you keep in mind when you see a commercial for a drug or alcoholic product or when you come across a magazine ad that makes it look like tobacco or alcohol use is a positive thing to do?

What are your reasons not to use?



“Buy Money Beer”



Set yourself above the crowd with MONEY BEER. For people with good taste. Made with the most expensive ingredients and the purest mountain water. Made in Iceland. A bit more expensive, but aren't you worth it?

1. What words would you use to describe the setting in the ad?

2. Might people who identify with the setting in the ad want to buy the product?

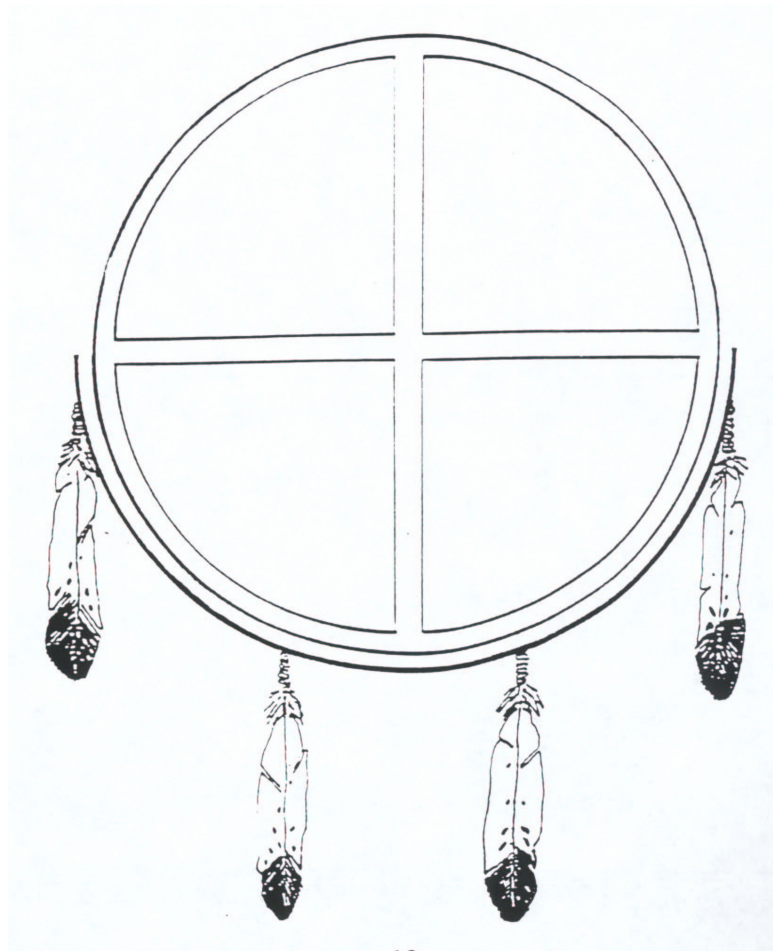
3. What message do the words above send about the product?

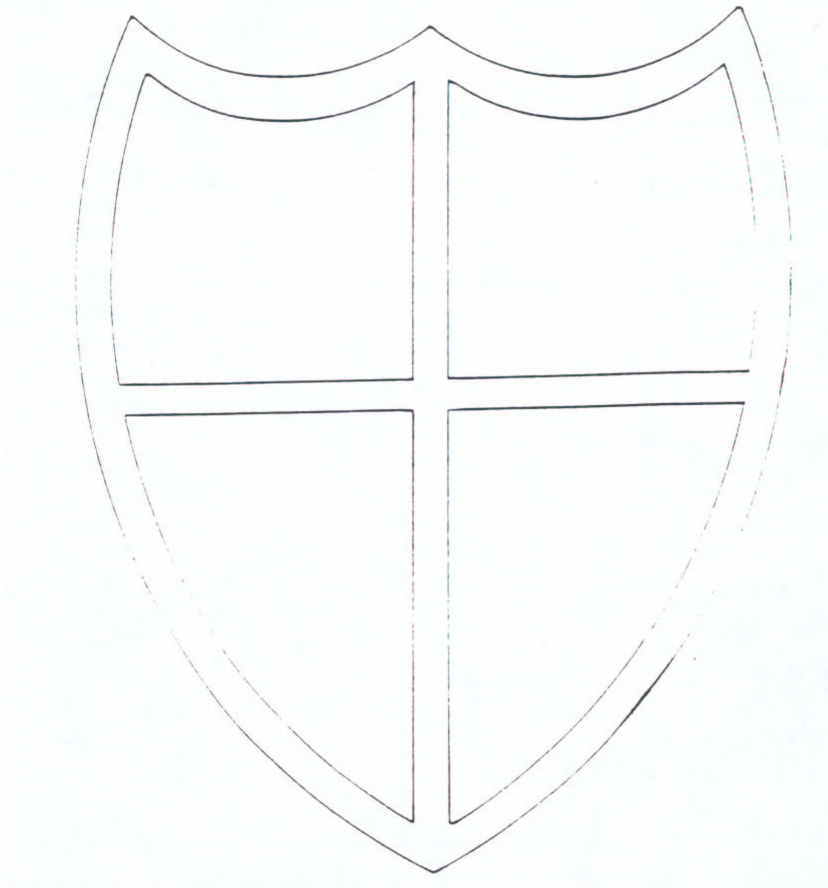
Session 6

Values

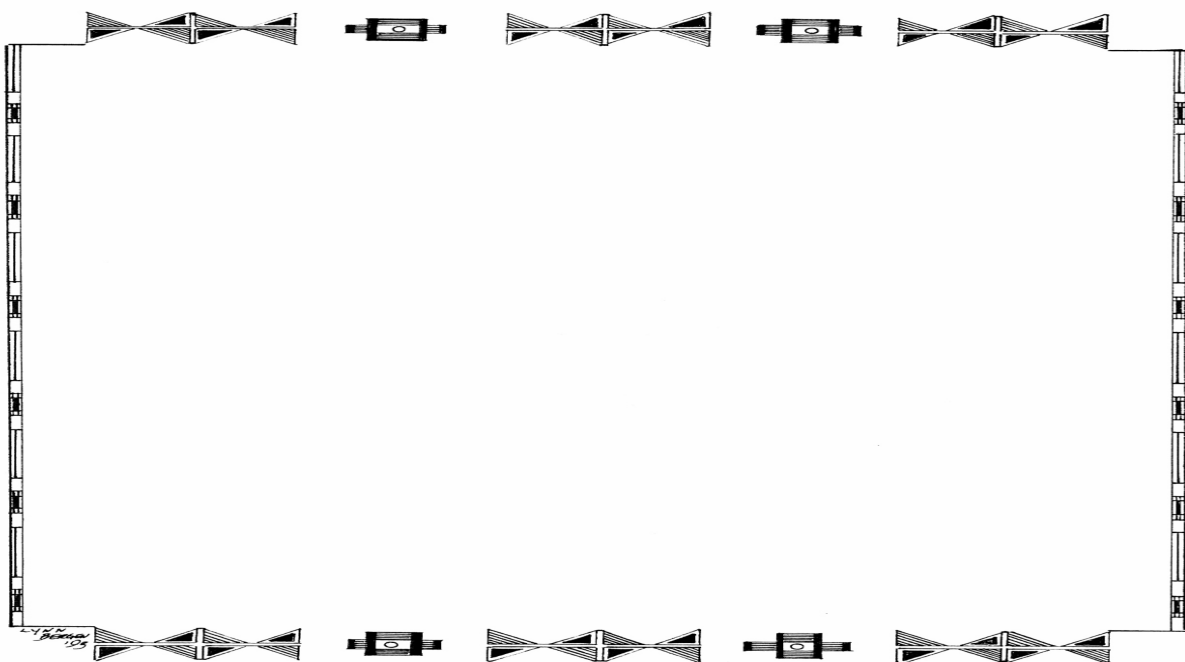
Knowing and Respecting Healthy Values

Guidelines for completing the shield: (1) Beginning at the top right, draw something to show what in your life at present is most important to you. (2) In the next section going clockwise, draw in what you see as the most important thing for your future. (3) In the bottom left draw in what your family's hope is for your future. (4) At the top left, draw in something you see as important in your tribe or community.





NOTES: What I learned from the guest speaker



Session 7

Communication

When Alcohol and Other Drugs Interfere
With Communication and Relationships

Important concepts from Broken Promises

1. We all have painful feelings; some make us feel good and others are painful.
2. Defenses are ways that we act or things that we say that cover up the way we feel.
3. Some people use drugs or alcohol as a defense against painful feelings.
4. Understanding your real feelings can help you feel better.
5. Knowing when to show your feelings and when to cover them up is a way of coping with difficult situations.



Relationship review list

Type of Relationship	With Whom?	How good/reliable is it?	Need / want someone else
Provides food and a place for me live:			
Protect me from harm:			
Takes care of me when I am sick:			
Someone to be best friends with me:			
Gives me good family feelings:			
Plays sports with me:			
Can talk about feelings:			
Helps me learn about religion or spirituality			
Helps me with homework			
Look up to me, counts on me			
Others:			

One Northern Arizona man's thoughts about relationships.

Relationship is a word that means ability to get along with ourselves, our family, other people and our environment. In our character development, this begins in our home, where we appropriately grow family ties, a bond and feeling of unity that brings happiness and harmony. The relationships learned in the home are then carried out in the community. Others will see the value of these relationships in our behavior. Culturally, the learned knowledge of the family or clan system and how it relates us to others is very precious and respected. The result is that a person learns that they have acceptance, they belong and have a place among other people. Health balance relationships involve the whole person: 1) spiritual 2) physical 3) emotional 4) mental and 5) social aspects.

By the teenage years, the young person should be taught to think about their home, think about the land, and to think about everything that has been shared with them. The teaching is that we should develop as a person who is thankful and positive in our approach to life. To not develop in this way will upset our relationship balance and we will become easily bored, selfish, and disrespectfully to our relationships.

In cultural teachings, there should be boundaries to relationships. For example, there are limits on who you can use teasing humor with and why, who you should not using teasing with, who you should be causal with, who you can be intimate with etc. These teachings were cultural methods to prevent relationship conflicts, stress, child molestation, rape poverty, and genetic problems (anomalies).

The healthy development of relationships also helps encourage strong leadership skills to develop inside of a person, as well as to provide identity, direction, purpose and a chance to grow in a balanced way. To seek understanding of our interrelatedness and interdependence is a process to arrive at happiness, harmony and dignity.

What do you think about this?

1. How much of this man's thinking is like yours?
2. Is his cultural heritage important to him? Will it shape his relationships?
3. Is your cultural heritage important to you? Does it shape your relationships?

Being safe: What to know, understand and do

C O P I N G (5) S K I L L S (3) (17)

D E F E N S E S (10) (15)

C O U S E L O R S (16) (14)

H O T L I N E S (9) (8)

S A F E P E O P L E (2) (12)

U N D E R S T A N D F E E L I N G S (13) (7) (1) (6) (18) (4)

And most of all

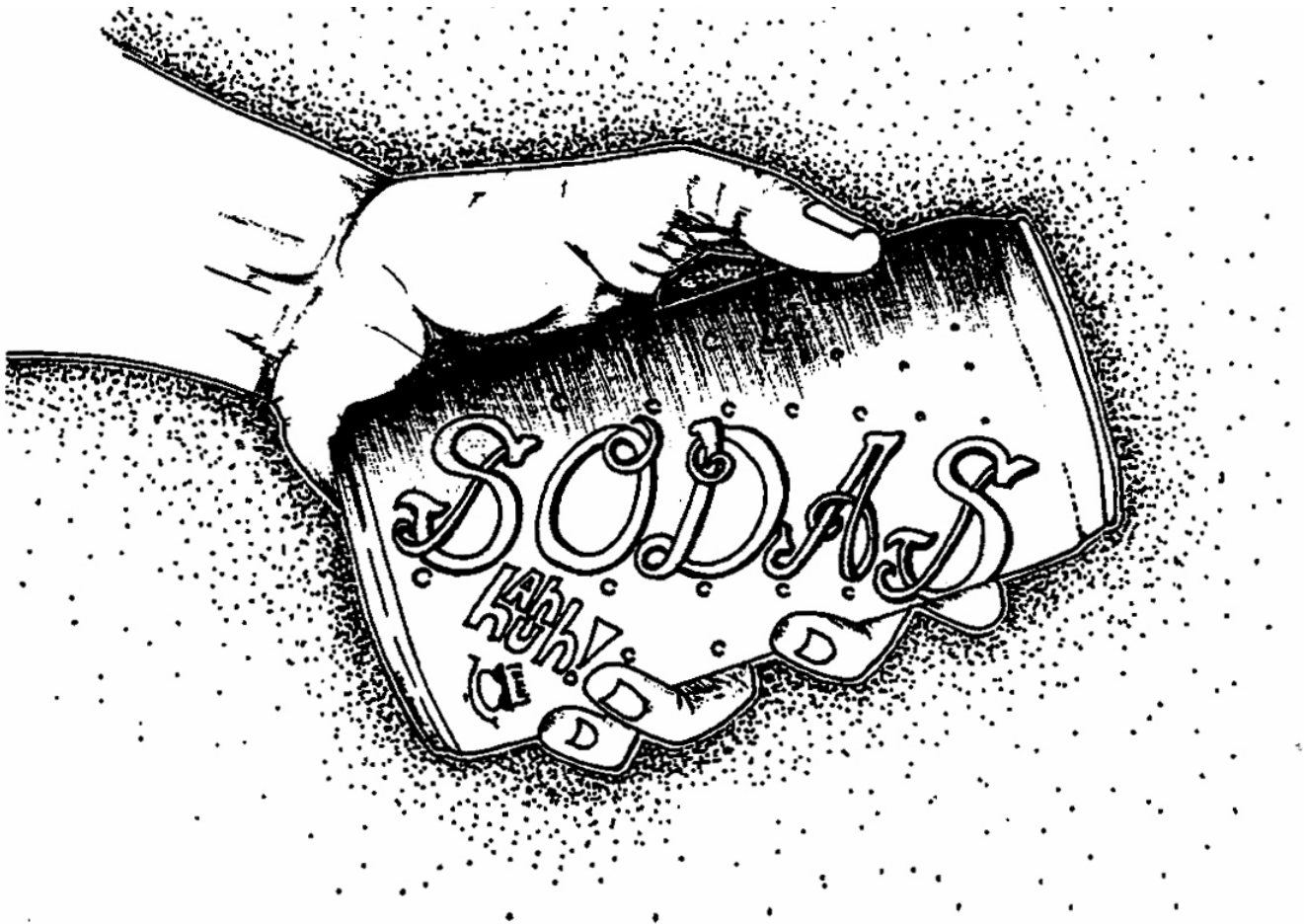
										Y							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Session 8

SODAS

SODAS: Skills for Decision Making

In Session 10, we learn what SODAS stands for



THINKING AND WRITING SODAS

Read the example –

T – “Come on Babe. You say no but you’re having a good time so loosen up.

STOP

K’s stomach feels tight. She’s nervous from being pressured.

OPTIONS

K can say she likes T’s company and suggests going to the school dance, ball game, dinner, etc.

DECIDE

K decides to tell T she’s going home to eat unless he wants to go get something.

ACT

K gets up, tells T what she is going to do, and starts to walk away.

SELF-PRAISE

K tells herself “good going” and knows T will spend time with her if he really likes her.



Do the rest on your own:

2. "Hey, let's go to my house and get some beer. Blow off practice and come on over. I'll make it worth your while."

STOP _____

OPTIONS _____

DECIDE _____

ACT _____

SELF-PRAISE _____

3. "Here come your nerdy friends. Tell them to get some glue for us, at lease they'll be useful."

STOP: _____

OPTIONS _____

DECIDE _____

ACT _____

SELF-PRAISE _____



4. You're going to miss out on some good weed if you leave now.

STOP: _____

OPTIONS _____

DECIDE _____

ACT _____

SELF-PRAISE _____



Transparency
SODAS Scenario 2

What does SODAS help you do?

In Session 10, we learn what SODAS stands for and talk about how to use these skills in tough situations.

Match the numbers with the letters to find out. I'm sure you already know!

S T O P

(6)

O P T I O N S

(1)

(8)

D E C I D E

(2)

(4)

A C T

(5)

S E L F - P R A I S E

(3)

(7)

___ H ___

1 2

___ ___ G H ___

3 4 5

___ H ___ ___ G!!

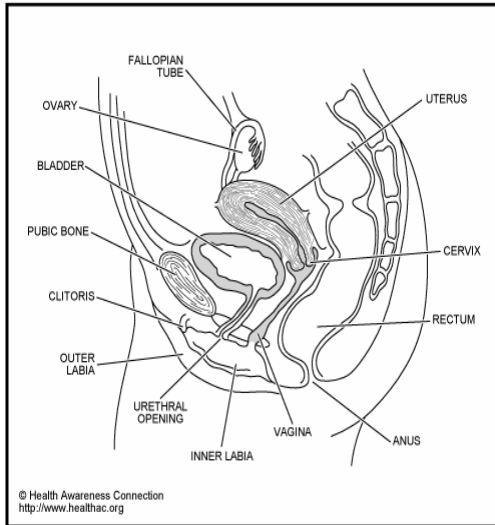
6 7 8

And what does that mean to you?

Session 9

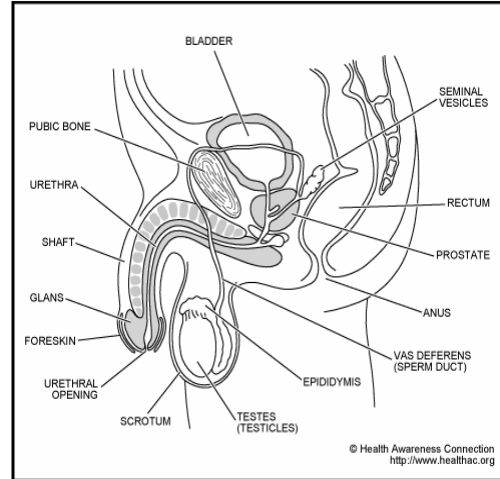
Human Sexuality

REPRODUCTIVE ANATOMY AND PHYSIOLOGY



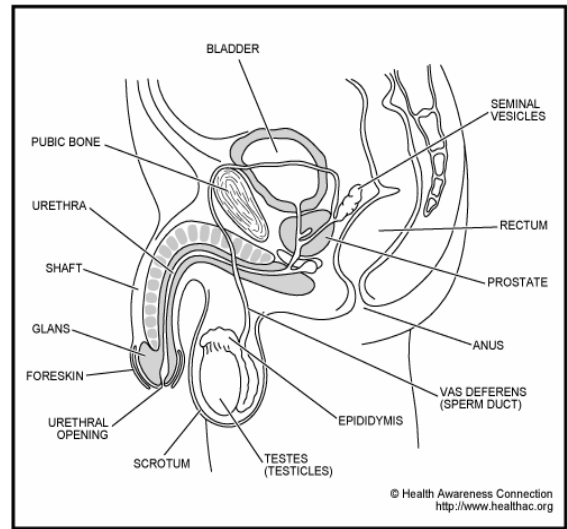
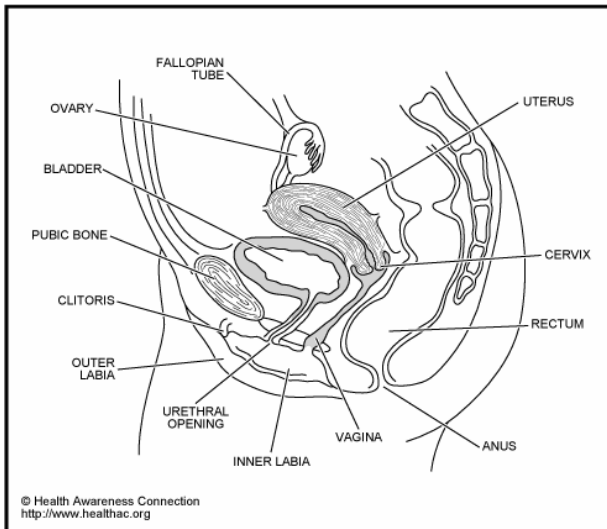
Female Reproductive Organs
Why are they important?

Male Reproductive Organs
Why are they important?



REPRODUCTIVE ANATOMY AND PHYSIOLOGY

Seek-n-Find the Female and Male Reproductive organs from the labeled diagrams listed below.



F I M B R A E F G J L A I R E W N M A N I G A V
 D A P O I U Y T R E W Q A S D F G H J K L Z X A
 W V L C E X C V T S I N E P V F D S A D F G O S
 P L K L N P Z X C J K L Q W E R T P O L K J D D
 E U D I O F I A P O I E K E I F C X T T D W E E
 L V F T B P T D Q P O D E M O P E F S E D S L F
 C V N O C B I J E Z C A N U S T Y O P S L K J E
 I S D R I N B A T D G F S T A Z S D F T R G D R
 S P L I B P O I N K Y L O O H G F L K I N M P E
 E S D S U G F D V T G M F R L K J H P C O I U N
 V V C X P V M D S F U F I C P O I U Y L R Z X S
 L Q W E R U L K J H O B M S N B V C K E J H G F
 A X P O T T Z X C V B N E M L K J H D G F D S A
 N I P C O E O K H J K L B N M U Y D L Y P O D S
 I V E K J R W E R T U R E T H R A F G R G F D S
 M R L K J U H G R D S A Q W E L R T U A O P I L
 E E S D F S L K J H G P O I B C V B N V I U Y T
 S C A S D F G H J D N A L G E T A T S O R P I U

Session 10

Sexual Behavior, Responsibility, and Consequences

Your Values About Sexuality

1. *Should I take a chance and have sex?*
2. *Is sex necessary to be popular?*
3. *Is sex necessary to prove your love? (Especially when people confuse love with having sex.)*
4. *By the way, what is love?*
5. *Is there something wrong with me? It seems like everyone knows more and has more experience than I have.*
6. *What if I get infected with some sort of disease like herpes, AIDS, or syphilis?*
7. *What about getting pregnant?*





To Summarize:

1. Know that you have needs and responsibilities.
2. Know that acting impulsively could be unhealthy and/or wrong.
3. Know that you can seek HELP from:
 - A school counselor
 - A school nurse
 - Your parent(s), guardian
 - Elders, like your grandparents
 - Someone who has learned to use wisely the SODAS prevention skills
4. Remember, you are responsible to make healthy choices.

Session 11

Sexually Transmitted Diseases (STD's)

Disease Fact Sheet: Fill in for each STD

Name of Disease	
Symptoms	1 2 3 4
Complications	1 2 3 4
Method of Transmission	1 2 3
Sites of Infection	1 2 3
Prevention Involves	1 2 3 4

Name of Disease	
Symptoms	1 2 3 4
Complications	1 2 3 4
Method of Transmission	1 2 3
Sites of Infection	1 2 3
Prevention Involves	1 2 3 4



Name of Disease	
Symptoms	1 2 3 4
Complications	1 2 3 4
Method of Transmission	1 2 3
Sites of Infection	1 2 3
Prevention Involves	1 2 3 4

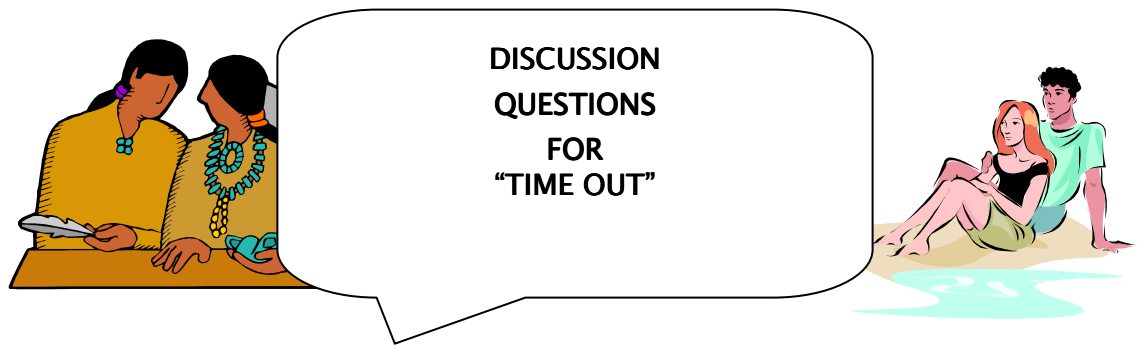
Name of Disease	
Symptoms	1 2 3 4
Complications	1 2 3 4
Method of Transmission	1 2 3
Sites of Infection	1 2 3
Prevention Involves	1 2 3 4



Name of Disease	
Symptoms	1 2 3 4
Complications	1 2 3 4
Method of Transmission	1 2 3
Sites of Infection	1 2 3
Prevention Involves	1 2 3 4



Name of Disease	
Symptoms	1 2 3 4
Complications	1 2 3 4
Method of Transmission	1 2 3
Sites of Infection	1 2 3
Prevention Involves	1 2 3 4



Arsenio and Magic make talking about sex sound so simple. Is it that simple for you?

1. What are some of the difficulties you face when talking about sex?
2. Who do you trust enough (e.g., your friends, parents, other adults) to talk to about sex?
3. Do you feel the people you talk to have the correct factual information about human sexuality, STDs, etc.
4. Where would you go to find out more information about human sexuality, STDs, etc?
5. If you got infected with STD, what would you do?
(Circle all items that apply to you)
 - a. go to a clinic for a check up and treatment
 - b. let my partner know
 - c. pretend it didn't happen
 - d. practice abstinence
6. If I got infected with an STD, I would...
(Circle all items that apply to you)
 - a. Not have sex until I was a lot older and understood what I was doing
 - b. Use protection (i.e. latex condom)
 - c. Understand that I am just as much at risk to get infected by an STD as anyone else

HOW DO YOU STAY SAFE?

Sexually Transmitted Diseases (STD's), including AIDS may be prevented by:

A B S T I N E N C E
13 1 9 10 25 22

U S I N G C O N D O M S
6 12 20 11 14 15

A V O I D I N G T H E
8 17 51 18 4

E X C H A N G E O F
2 30 16 29 19 27

B O D Y F L U I D S
21 24 26 23 3 28

So, the bottom line is:

_____ F - _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

T _____ K I _____ R _____
16 17 18 19 20 21 22 23 24 25

_____ T !!!
26 27 28 29 30

Session 12

HIV/AIDS–What is it?

AIDS and HIV: Getting the Facts

What does AIDS stand for?

Fill in the blanks.

A _____

I _____

D _____

S _____



“You tell me...”

What does HIV stand for?

H _____

I _____

V _____

Match the terms above with the explanations below:

_____ Means it's a virus that specifically affects humans. It is found in animals or insects.

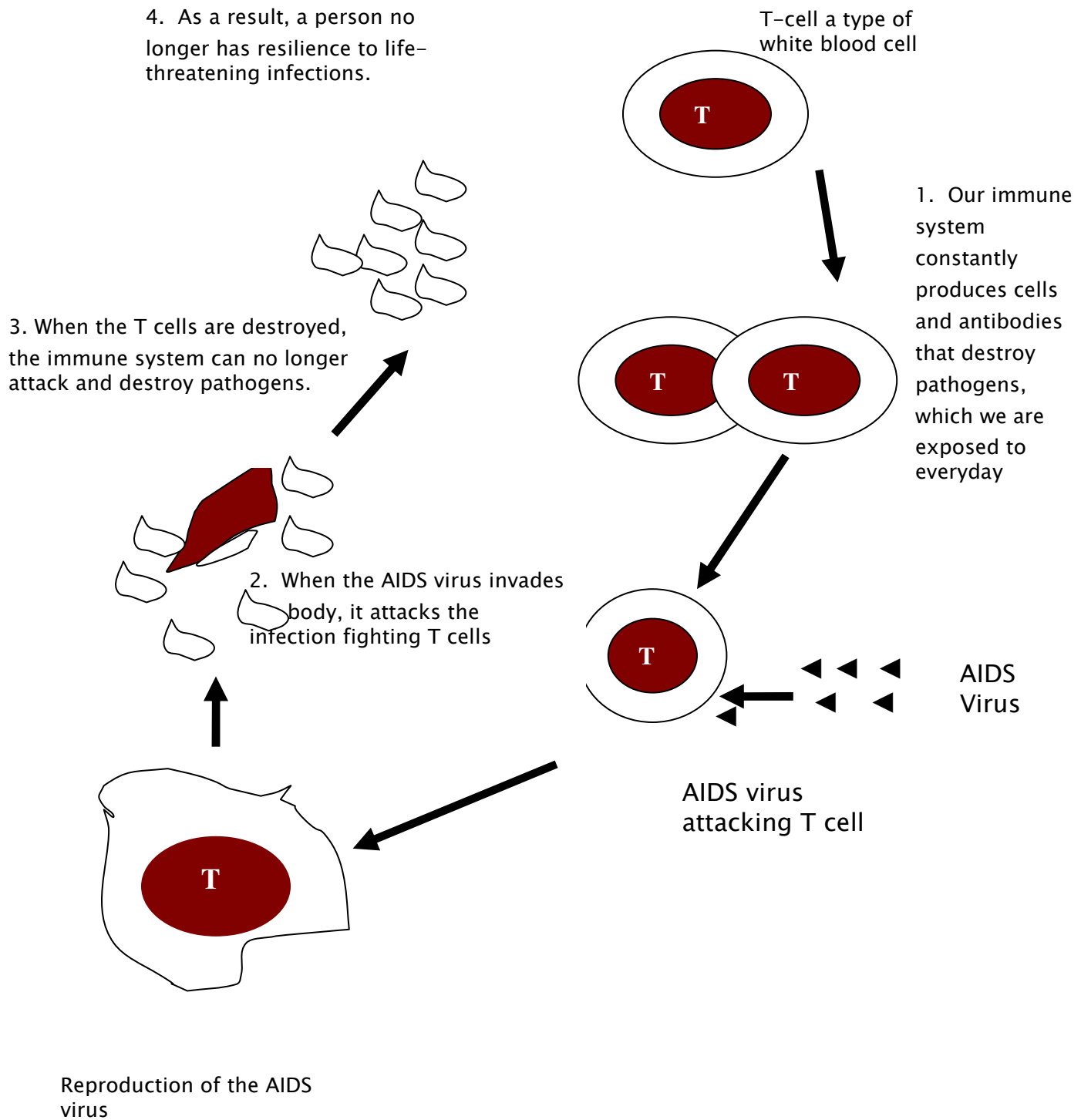
_____ The body's defense system against invaders....

_____ Breaks down

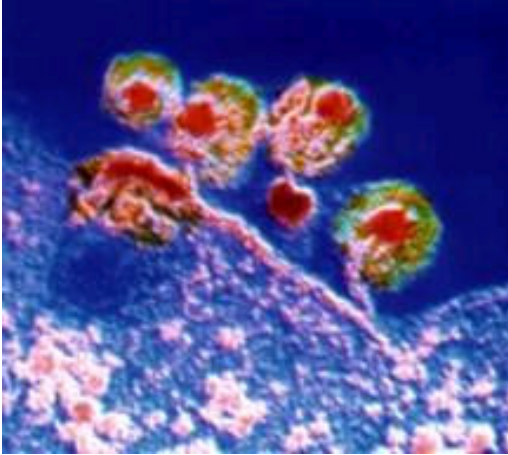
_____ The particular microscopic chemical structure which invades the body and which starts the whole immunity breakdown.



AIDS VIRUS ATTACK



EFFECT ON THE IMMUNE SYSTEM



Human Immunodeficiency Virus

The human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS), principally attacks CD4 T-cells, a vital part of the human immune system. HIV can be transmitted sexually; through contact with contaminated blood, tissue, or needles; and from mother to child during birth or breastfeeding. Full-blown symptoms of AIDS may not develop for more than 10 years after infection.

AIDS: Acquired Immunodeficiency Syndrome

ACQUIRED: Not Inherited
 Not a result of illness

IMMUNODEFICIENCY

The immune system is not protecting the body against
Unusual disease or infections

SYNDROME

A variety of specific diseases occur

SYMPTOMS OF AIDS

UNEXPLAINED

- Tiredness, extreme fatigue
- Fever, shaking, chills
- Swollen glands at multiple sites
- Weight loss: 15 or more pounds in one month
- Thick, whitish coating on tongue or throat
- Dry cough
- Pink or purple flat or raised blotches on or under the skin

Many people with the AIDS virus don't have symptoms, but they can still cause the virus.

What is an antibody?

- Antibodies are substances (proteins) made in the blood to fight harmful organisms – like viruses and bacteria—that enter the body.
 - Antibodies attach to the “enemy” organism and destroy it
 - When a person has the AIDS virus, the body can’t make enough antibodies to destroy or block the virus from invading and destroying the cells that defend the body from diseases.
-

Testing

- Blood is tested for antibodies to HIV and AIDS virus
- A positive test means the blood contains antibodies to the AIDS virus.

ELISA – Enzyme-linked immunoabsorbant assay

WESTERN BLOT – to confirm a positive ELISA by detecting pieces of the virus protein.

AIDS

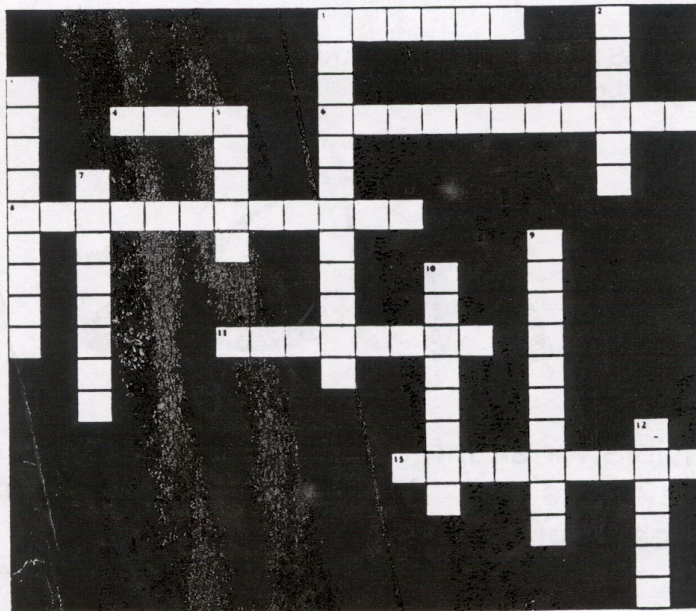
AIDS Puzzle

Across Clues

1. Used during intercourse to help prevent the exchange of body fluids.
4. Caused by a virus that attacks the immune system.
6. Transfer of the blood of one person to another person.
8. Information is not shared without your knowledge.
11. Sexual contact with partners of the same sex and also of the opposite sex.
13. Identified the medical problem.

Down Clues

1. Has come in contact with disease-producing germs.
2. Liquid produced in the mouth.
3. Caused by germs such as viruses and bacteria.
5. The fluid released from the penis during a sexual experience.
7. A cell manufactured to prevent disease.
9. Sexual _____ means to postpone sexual activity with another person.
10. To pass from one person to another.
12. The last portion of the large intestine.



Session 13

The Transmission of the AIDS Virus

The Transmission of AIDS: How you get it

HIV is NOT Transmitted by Casual Contact

- Sneezing or coughing
- Handshakes
- Computers or washing machines
- Food prepared, served or tasted by an infected person
- Drinking fountains or toilet seats
- Towels or sheets

How is the AIDS virus transmitted?

- BLOOD
- SEMEN
- VAGINAL SECRETIONS
- Intimate Sexual contact
- Sharing unsterile needles or syringes
- Receiving blood or blood products from persons infected with HIV
- Infected mothers to their babies before or during birth

Circle ways that someone could get at risk for getting HIV/AIDS:

- Mosquitoes
- Tattooing
- Kissing a person with AIDS on the cheek
- Swimming in the same pool as someone with AIDS
- Sharing needles or inject drugs or medicine
- Eating food prepared by someone with AIDS
- Unprotected sexual intercourse (sex without a condom)
- Sneezing, coughing or spitting
- Blood transfusion
- Dirty toilet seats
- Infected mother giving birth
- Donating Blood
- Many sexual partners
- Getting drunk
- Getting high

Session 14

Teen AIDS in Focus

Preventing AIDS: Behaviors and Risks

In this session, we will participate in a classroom activity that will show how HIV is transmitted and we will watch a video. The video shows teenagers telling about how they got infected with HIV and what it feels like to live day-to-day without much hope for a normal life. First, we will brainstorm about risky behaviors. All of the following are behaviors. Place them in the appropriate columns.

- Unprotected intercourse of any kind
- Donating (giving) blood
- Intercourse with spermicide
- Being in a mutually monogamous relationship with an infected person
- Pregnancy if HIV infected
- Casual contact with a person who is infected or has AIDS
- Abstinence (not having sex)
- Using a latex condom during each and every time of intercourse
- Sharing needles that have not been cleaned
- Alternatives to sexual intercourse that are fun to do together
- Having more than one sexual partner.

Higher Risk	Lower Risk	No Risk

Prevention

- Sexual Abstinence
- Safer-sex: hugging, touching, massage
- Use of condom with spermicide during sexual intercourse
- Abstain from using alcohol or other drugs
- No sharing or use of dirty needles to inject any drug or medicine



Discussion Questions

1. What was in the video that you could relate to?
2. Was there someone who had thoughts or feelings similar to yours?
3. Do you have to have a high-risk lifestyle to contract the AIDS virus?
4. One young man made a statement at the end of the video about how just having sex with someone doesn't mean you are giving or receiving love. What can people do to give and receive love without learning the hard way like this young man?
5. How can you keep yourself and loved ones safe from AIDS?

ARTICLES ON AIDS

HIV/AIDS and Native Americans

Culturally and linguistically appropriate interventions are needed to curb HIV/AIDS incidence among Native Americans *NMAC / National Minority AIDS Council (NMAC), USA, 2000*. Through December 1998, the Centers for Disease Control and Prevention (CDC) reported 688,200 cumulative AIDS cases in the United States. Native Americans accounted for 28% of that total. This paper outlines the incidence of HIV/AIDS amongst the Native American population and concludes that in order to curb the spread of the epidemic in this population group targeted culturally and linguistically appropriate interventions are needed. The paper makes a series of recommendations including:

- CDC funding must be provided for targeted prevalence studies of HIV and AIDS among Native Americans
- a uniform, standard HIV/AIDS surveillance system for Native Americans throughout the United States needs to be developed
- CDC funding is needed to target additional resources to indigenous national, regional and local Native American community based organizations (CBOs) for HIV prevention services targeted to highly impacted and emerging Native American sub-populations
- additional CDC funding must be provided to indigenous national, regional and local Native American community based organizations to provide training and technical assistance to increase the participation, inclusion and representation of Native Americans in HIV prevention community planning
- develop, and expand the initiatives aimed at training Native American health professionals on HIV treatment and care, through the HIV Centers of Excellence and other vehicles
- increase avenues for access to resources under the Ryan White CARE Act for Indian Health Service, tribal and reservation-based facilities providing care to Native Americans living with HIV disease
- develop mechanisms to increase collaboration among the IHS, tribal health systems, urban Indian clinics, and Native American AIDS programs and agencies to improve access to HIV care for Native Americans

REFERENCE: <http://www.eldis.org/static/DOC5974.htm>

Trends in Sexual Risk Behaviors Among High School Students --- United States, 1991--2001

Unprotected sexual intercourse places young persons at risk for human immunodeficiency virus (HIV) infection, other sexually transmitted diseases (STDs), and unintended pregnancy. Responsible sexual behavior among adolescents is one of the 10 leading health indicators of the national health objectives for 2010 (objective 25.11) (7). To examine changes in sexual risk behavior that occurred among high school students in the United States during 1991--2001, CDC analyzed data from six national Youth Risk Behavior surveys (YRBS). This report summarizes the results of the analysis, which indicate that, during 1991--2001, the percentage of U.S. high school students who ever had sexual intercourse and the percentage who had multiple sex partners decreased. Among students who are currently sexually active, the prevalence of condom use increased, although it has leveled off since 1999. However, the percentage of these students who used alcohol or drugs before last sexual intercourse increased. Despite decreases in some sexual risk behaviors, efforts to prevent sexual risk behaviors will need to be intensified to meet the national health objective for responsible sexual behavior.

YRBS, a component of CDC's Youth Risk Behavior Surveillance System, measures the self-reported prevalence of health risk behaviors among adolescents through representative national, state, and local surveys. The six biennial national surveys conducted during 1991--2001 used independent, three-stage cluster samples to obtain cross-sectional data representative of students in grades 9--12 in all 50 states and the District of Columbia. During 1991--2001, sample sizes ranged from 10,904 to 16,296 students, school response rates ranged from 70% to 79%, student response rates ranged from 83% to 90%, and overall response rates ranged from 60% to 70%.

For each cross-sectional survey, students completed an anonymous, self-administered questionnaire, which included identically worded questions about sexual intercourse, number of sex partners, condom use, and alcohol or drug use before last sexual intercourse. Sexual experience was defined as ever having had sexual intercourse. Having multiple sex partners was defined as having had four or more sex partners during one's lifetime. Current sexual activity was defined as having had sexual intercourse during the 3 months preceding the survey. Condom use was defined as having used a condom at last sexual intercourse among currently sexually active students. Alcohol or drug use was defined as having used alcohol or drugs before last sexual intercourse among currently sexually active students. Race/ethnicity-specific trends are presented only for non-Hispanic black, non-Hispanic white and Hispanic students because the numbers of students from other racial/ethnic groups were too small for meaningful analysis.

Data were weighted to provide national estimates, and SUDAAN was used for all data analysis. Overall, temporal changes were analyzed by using logistic regression analyses that assessed linear and quadratic time effects simultaneously and that controlled for sex, race/ethnicity, and grade. Similarly, temporal changes for sex, race/ethnicity, and grade subgroups were analyzed by using separate logistic regression

analyses that assessed linear and quadratic time effects in one type of subgroup while holding the other two constant. Quadratic trends indicated a significant but nonlinear trend in the data over time. When a significant quadratic trend accompanied a significant linear trend, the data demonstrated some nonlinear variation (e.g., leveling off or change in direction) in addition to a linear trend.

During 1991--2001, the prevalence of sexual experience decreased 16% among high school students. Logistic regression analysis indicated a significant linear decrease overall and among female, male, 10th-grade, 11th-grade, 12th-grade, black, and white student. Among 11th-grade students, a significant quadratic trend also was detected, indicating that the prevalence of sexual experience declined during 1991--1997 and then leveled off. Prevalence of sexual experience did not decrease significantly among 9th-grade or Hispanic students.

During 1991--2001, the prevalence of multiple sex partners decreased 24%. A significant linear decrease was detected overall and among male, 11th-grade, 12th-grade, black, and white students. Prevalence of multiple sex partners did not show a significant linear decrease among female, 9th-grade, 10th-grade, or Hispanic students. During 1991--2001, the overall prevalence of current sexual activity did not change. However, the prevalence of current sexual activity decreased 12% among 11th-grade students and 23% among black students. Among students who are currently sexually active, a significant linear and quadratic trend was observed in the overall prevalence of condom use, indicating an increase in condom use during 1991--1999 and then a leveling off by 2001. A similar pattern was detected among female, 10th-grade, 12th-grade, and black students with the prevalence of condom use peaking in 1997 or 1999 and then leveling off. A significant linear increase in condom use was detected among male, 9th-grade, 11th-grade, Hispanic, and white students.

During 1991--2001, the prevalence of alcohol or drug use before last sexual intercourse among students who are currently sexually active increased 18%. Logistic regression analysis indicated a significant linear increase overall and among male, 11th-grade, 12th-grade, black, and Hispanic students. Among 9th-grade students, a significant quadratic trend was detected, indicating that the prevalence of alcohol or drug use before last sexual intercourse increased during 1991--1997 and then decreased. Prevalence of alcohol or drug use before last sexual intercourse did not show a significant linear increase among female, 10th-grade, or white students.

Reported by: *N Brener, PhD, R Lowry, MD, L Kann, PhD, L Kolbe, PhD, Div of Adolescent and School Health; J Lehnher, Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion; R Janssen, MD, Div of HIV/AIDS Prevention; H Jaffe, MD; Div of STD Prevention, National Center for HIV, STD, and TB Prevention, CDC.*

Editorial Note:

During 1971--1979, the percentage of females aged 15--19 years living in metropolitan areas nationwide who ever had sexual intercourse increased from 30% to 50% (2); during 1982--1988, the percentage of females aged 15--19 years nationwide who ever had sexual intercourse increased from 47% to 53% (3). The findings in this

report indicate that, during 1991--2001, the percentages of high school students who ever had sexual intercourse and multiple sex partners decreased, and the percentage of sexually active students who used a condom at last sexual intercourse increased and then leveled off. Overall, fewer high school students are engaging in behaviors that might result in pregnancy and STDs, including HIV infection. This decrease in health risk behaviors corresponds to a simultaneous decrease in gonorrhea, pregnancy, and birthrates among adolescents (4--7). These improvements in health outcomes probably resulted from the combined efforts of parents and families, schools, community organizations that serve young persons, health-care providers, religious organizations, the media, and government agencies to reduce sexual risks among young persons. For example, the percentage of high school students who received HIV-prevention education in school increased from 83% in 1991 to 92% in 1997 and then leveled off to 89% in 2001 (CDC, unpublished data, 2002).

The findings in this report are subject to at least two limitations. First, these data pertain only to adolescents who attend high school. In 1998, 5% of those aged 16--17 years were not enrolled in a high school program and had not completed high school (8). Second, although the survey questions demonstrate good test-retest reliability (9), the extent of underreporting or over reporting in YRBS cannot be determined.

One of the national health objectives for 2010 is to increase from 85% to 95% the proportion of adolescents in grades 9--12 who have never had sexual intercourse, have had sexual intercourse but not during the preceding 3 months, or used a condom the last time they had sexual intercourse during the preceding 3 months (7). In 2001, 86% of high school students met this objective, compared with 80% in 1991. Efforts to prevent sexual risk behaviors will need to be intensified to meet the 2010 objective; to sustain decreases in gonorrhea, pregnancy, and birth rates among adolescents; and to reduce HIV infections and other STDs among young persons. In 1998, the birth rate in the United States was 52.1 per 1,000 females aged 15--19 years, four times higher than the average rate among nations in the Organization for Economic Cooperation and Development (10). In addition, interventions are needed to reverse the increasing percentage of sexually active high school students who use alcohol or drugs before their last sexual intercourse.

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Web site: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5138a2.htm>



Session 15

STOP, OPTIONS

When and How to STOP and Think of OPTIONS

Clues that tell you that you are in a tough spot

Body Clues	Mind Clues

To make a good decision, you have to STOP and think.

To STOP, you have to:

1. Be very aware of what's happening around you.
2. Calm your body down
3. Tell yourself "positives"



To calm down, I can:



List of Options:

Some “positives” I can tell myself are:



Session 16

DECIDE, ACT

DECIDE and ACT or Just Doing the Right Thing



Your Values



Your Goals



Your Facts about Alcohol
and Drugs

If I had to make a tough decision, I would think about:

1. _____
2. _____

Communication Skills

Non-Verbal Skills	Verbal or Speaking Skills
1. Eye Contact	1. "I" Sentences
2. Facial Expressions	2. Refusal sentences
3. Body Gestures <ul style="list-style-type: none">• Hand Motions• Head Nodding• Fidgeting	3. Suggesting Options
4. Distancing	



Session 17

Self-Praise and Self-Esteem

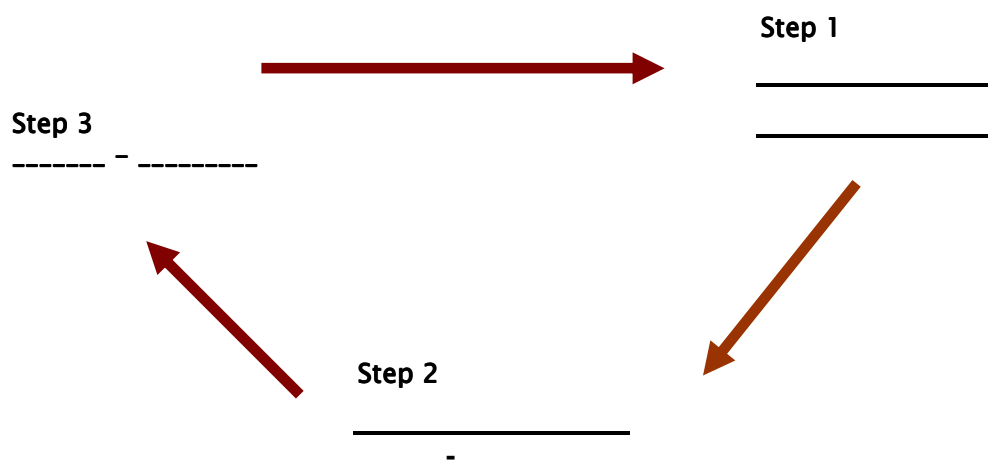
Self-Praise is....

- Something you say only to yourself
- Telling yourself you did
- A way of giving yourself a “pat on the back” when you do something you set out to do.

Self-Praise is NOT...

- BRAGGING – because you say it only to yourself (not out loud)

If I make a GOOD DECISION and give SELF-PRAISE, I'll increase my SELF-ESTEEM, which will help me go on making more good decisions in the future. Label the “Circle of Good Decision-Making below:



“Party On” Drug Free Contest

\$3,000 for best list of party options!!



Entry Rules

1. Your Job – To design a perfect drug free party.
2. When You have 10 minutes in class when the instructor says “GO”
3. How – First quickly make 5 lists of creative suggestions in the following categories:

Favorite Snack	Non-Alcoholic Beverage	Types of Music/Bands	Places for Party	Creative Party Name

4. When called on for a suggestion to add to the class lists of creative party option...
 - A. Suggest a new option for the category

OR

 - B. Praise and vote for an option already on the list.
5. Give yourself and your classmates praise for designing a great drug-free party!

Session 18

Situations around Pressure

Role Playing and SODAS

In this session, we are going to use the SODAS model and come up with role-play scripts that you will perform with your classmates.

Student Created Role Plays

The narrator _____, is responsible for introducing the skit (what it will be about.)

A “high pressure” actor _____, is responsible for trying to convince the friend to do something they don’t want to do.

A friend _____, is responsible for using the SODAS model.

A “verbal” coach _____, is responsible for helping to set up the script and for assisting role-players with their lines during the role-play.

The “non-verbal” coach _____, is responsible for giving hints on eye contact and other kinds of non-verbal communication (facing audience, body posture, etc.)

The last person “writer” _____, is responsible for making sure everything is written down so that the group has the entire script.

Guidelines for SODAS Role-Play



STOP:

First, you need to come up with a “tough situation” to act out. Talk about it with members of your group and write it down.

OPTIONS:

Now, list all the things you can think of to do about it. What can you say? What are the alternatives?

1. _____
2. _____
3. _____
4. _____

DECIDE:

O.K. You now have some ideas on what to say or do. The next step is to choose the best idea(s). Consider the good and bad points about each option.

GOOD	BAD
Option 1	Option 1
Option 2	Option 2
Option 3	Option 3
Option 4	Option 4
Option 5	Option 5

Act: Pick the best option based upon what might happen and act upon it using the verbal and non-verbal skills you have learned.

What are some I-Statements you can use to communicate your decision?

What are some Refusal Sentences?

What are some Alternative Suggestions?

What are some non-verbal skills you can use?

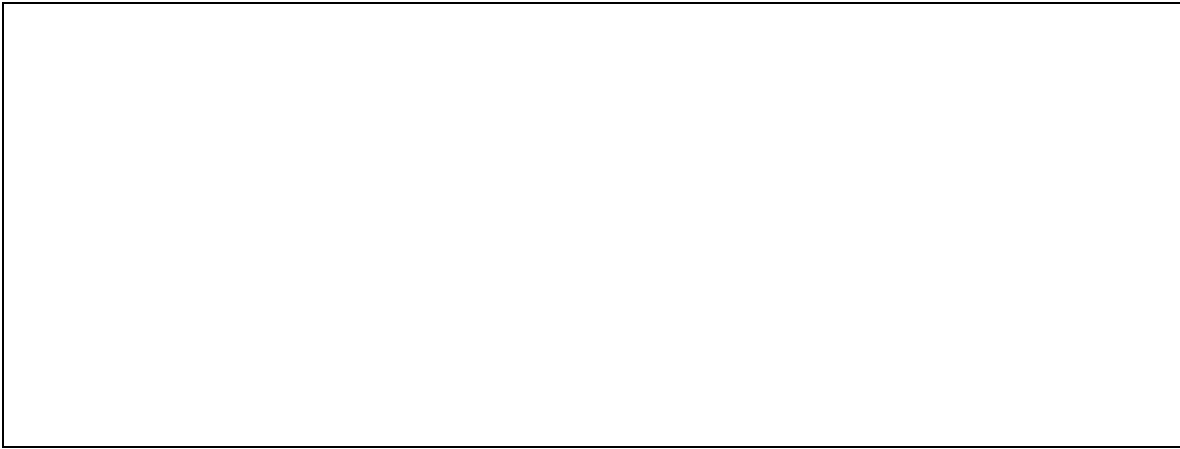
SELF PRAISE:

Give yourself a mental pat on the back and tell yourself:



Scenes for Role-Plays

You may draw the scenes below to help you develop how your skit will go:

A large, empty rectangular box with a thin black border, intended for drawing a scene.A large, empty rectangular box with a thin black border, intended for drawing a scene.A large, empty rectangular box with a thin black border, intended for drawing a scene.

Session 19

SODAS Practice

Getting Everyone Involved

You will rehearse the skits you wrote the last session.

REMINDERS

- ☺ Don't be afraid to speak up. Get involved!

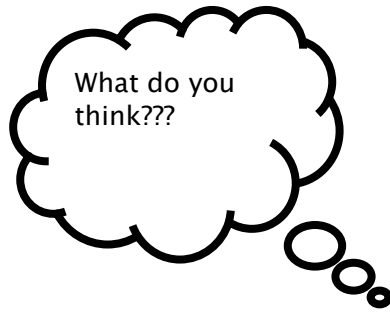


- ☺ Make sure you know your role.
- ☺ Practicing SODAS steps with your class will help you get comfortable using them in real life.

Session 20
SODAS Presentation

It's Your Turn

SODAS in Action



Circle as many as you
want. The role-plays
were:

GREAT!!

Funny

InTerEstIng

Educational



like REAL LIFE

Too made up

cool

EXCITING

helpful

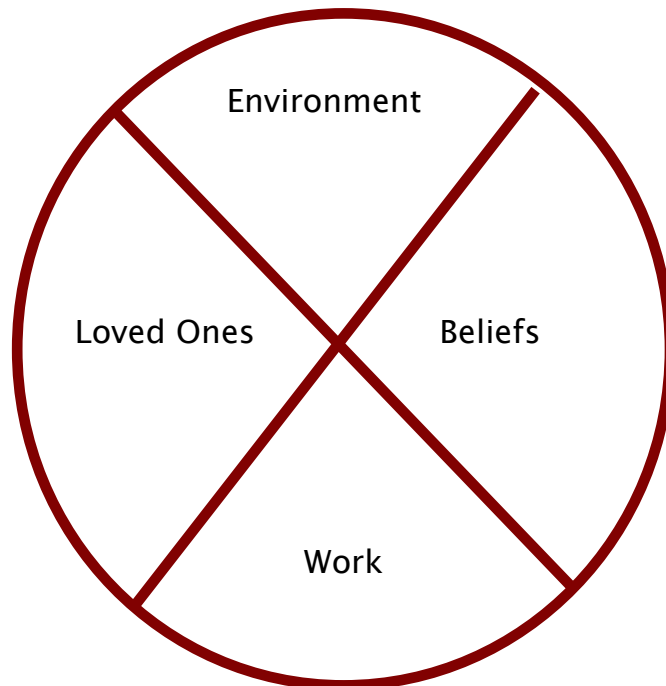
Or in my own words:_____

Now that you've acted out a SODAS role-play for the class and know how it feels
to use SODAS, how do you feel about using SODAS steps in real life?

Session 21 Resources

Looking Ahead

Getting on Your Way



Post-Sessions

Post-test Survey and Wrap-Up

In this session, we will be collecting information from you about what you have learned in this course.

We would also like to know if this course has helped you to see things in a different way.

We want to remind you that everything you tell us on the questionnaire will be kept a secret.

Individual answers will never be shared with anyone, only scores for your entire class will be reported.

There is no “right” or “wrong” answer to these questions – nothing is graded on this survey.

What you have to say will help us to know how well this course has met your needs and how it can be improved in the future.



RESOURCE LIST

CLEARINGHOUSE

The best place to get information is from the ***National Clearinghouse for Alcohol and Drug Information.*** The resources from the Clearinghouse include scientific findings; databases on prevention programs and materials; field experts, Federal grants, and market research; materials tailored to parents, teachers, youth and others; and information about organizations and groups concerned with alcohol. You can call them for free materials at 1-800-729-6686. Their website is <http://www.health.org>

HOTLINES

AIDS Atlanta – 404-872-0600

Aids Hotline – 1-800-551-2728

CDC National AIDS Hotline

1-800-342-2437

Spanish: 1-800-344-7432

Deaf: 1-800-234-7889

Teens: 1-800-342-TEEN

Alaska AIDS Assistance Association

1057 W. Firewood, Suite 102

Anchorage, AK 99503

907-276-4880

1-800-478-AIDS

Albuquerque Area Indian

Health Board

301 Gold Avenue SW, Suite 105

Albuquerque, NM 99508

505-764-0036

American Foundation for AIDS Research

(AmFAR) New York

120 Wall Street, 13th Floor

New York, NY 10005-3902

212-806-1600

(AmFAR) Washington

1828 L Street, NW, #802

Washington, DC 20036-5104

202-331-8600

Native American AIDS Project

AIDS & HIV Services

1540 Market Street, Suite 425

San Francisco, CA

(415) 522-2460

AIDS Action Committee

1-800-235-231 (Massachusetts)

617-437-6200 (elsewhere)

California Rural Indian Health Board

2020 Hurley Way, Suite 155

Sacramento, CA 95825

916-929-9761

Howard Brown Health Center

1515 E. 52nd Place

Chicago, IL 60615-4111

773-925-6877

Dallas

AIDS & HIV Services

1402 Corinth St

Dallas, TX

(214) 421-4835

Denver

Colorado AIDS Project

701 E. Colfax, Suite 212 P.O. Box 18529

Denver, CO 80218-0529

Main Phone: 303-837-0166

AIDS Information: 1-800-333-2437

Wellness Resource Center: 303-837-1501

Fax: 303-861-8281

info@coloradoaidsproject.org

Honolulu – Waikiki Health Center

808-922-1313 (Honolulu and elsewhere)

Health Education Resource Organization

101 West Read Street, Suite 825,

Baltimore, MD 21201

Office: 410-685-1180

Helpline: 410-545-4774

Toll-free (out of area code): (800) 376-HERO

Haskell Indian Nations University
155 Indian Avenue
Lawrence, KS 66046
785-749-8404
www.haskell.edu

AIDS Committee of Toronto
399 Church Street, 4th floor
Toronto, Ontario, Canada, M5B 2J6
(416) 340-2437: Main Switchboard
(416) 340-8484: Voicemail
(416) 340-8844: Information & Support
(416) 340-8224: Fax
(416) 340-8122: TTY/TDD
<http://www.actoronto.org>

Indian Health Service (HQ)
The Reyes Building
801 Thompson Avenue, Ste. 400
Rockville, MD 20852-1627
HIV/AIDS 301-443-1040
<http://www.ihs.gov/>

Intertribal HIV/AIDS Coalition
P.O. Box 908
Lawton, OK 73501
(405) 357-3449
www.health.state.ok.us/program/hivstd/cd/Resource%20Directory/comanche_county_resources.htm
Services: halfway house, AA counseling, job service, HIV prevention program for community
Criteria: Must have CDIB card

Indigenous People's Task Force
1433 E. Franklin, Suite 7E
Minneapolis, MN 55404
612-870-1723 ext.20

Native American Women's Health Education
Resource Center
PO Box 57
Lake Andes, SD 57356-0572
605-487-7072

Government of the Northwest Territories
Health and Social Services
Box 1320
Yellowknife, NT X1A-2L9
(867) 873-7276
<http://www.hlthss.gov.nt.ca/>

Nuu-chah-nulth Tribal Council and
Community and Human Services
PO Box 1383
Port Alberni, BC
V9Y 7M2
(250) 724-5757
(250) 723-0463 Fax
<http://www.nuuchahnulth.org/welcome.htm>

Seattle Indian Health Board
PO Box 3364
Seattle, WA 98114
206-324-9360

Tohono O'odham Nation
P.O. Box 837
Sells, Arizona 85634
(520) 383-2028 Phone
(520) 383-3379 FAX
www.itcaonline.com/Tribes/tohono.htm

White Earth Reservation Tribal Council
AIDS Prevention/Risk Reduction Program
PO Box 418
White Earth, MN 56591
218-983-3285

Montana United Indian Association
515 North Sanders
PO Box 6043
Helena, MT 59601
406-443-5350 or 1-800-654-9085

Yakima Indian National Community Health
Representative Program
PO Box 151
Toppenish, WA 98948
509-865-2255

National Native American AIDS Prevention Ctr.
3515 Grand Avenue, Suite 100
Oakland CA 94610
510-444-2051

White Mountain Apache Tribe
Health Education Department
Box 1210
Whiteriver, AZ 85941
Health Education/Healthy Nations
(928) 338-4953
Fax (928) 338-1738
Chadeen Palmer, Public Information Officer
(928) 338-4346 or
1-877-338-9628 Extension 373

PUBLICATIONS

Access – A quarterly newsletter on medical treatment issues, analysis of clinical research and sources for alternative drugs. Published by DATA (Direct Action for Treatment Access). \$20.00 per year includes newsletter and membership in DATA. P.O. Box 60391, Palo Alto, CA 94306-0391, 415-323-6051

AIDS Clinical Care – A monthly newsletter specifically targeted to physicians. Published by the Massachusetts Medical Society in cooperation with AmFAR. \$109 per year. Fax 781.893.0413, in the US, Customer Service at 800-843-6356
Outside of the US, Call Customer Service at 781-893-3800
<http://www.accnewsletter.org/>

AIDS/HIV Treatment Directory – The amfAR Global Link succeeds amfAR's HIV/AIDS Treatment Directory. Its searchable databases summarize current research on treating HIV and HIV-associated conditions and include detailed descriptions of approved and experimental drugs. This unique treatment resource also features an extensive listing of active clinical trials in North America and worldwide, as well as news reports on efforts to halt the AIDS pandemic. The amfAR Global Link is also available in print and CD-ROM format. American Foundation for AIDS Research (AmFAR), Treatment Information Services, 120 Wall Street, 13th Floor, New York, NY 10005-3902, 1-800-39-amfAR (1-800-392-6327). Email txdir@amfar.org
<http://www.amfar.org/cgi-bin/iowa/programs/researchc/record.html?record=49>

AIDSFILE – A quarterly newsletter for physicians treating patients with HIV infection and AIDS. Published by the University of California, San Francisco. AIDSFILE,
<http://www.amazon.com>

AIDS Treatment News– Offers treatment alternatives, and drug guidelines and clinical trials. <http://www.aidsnews.org/>

GMHC (Gay Mens' Health Crisis). Links to Treatment Issues (newsletter) and patient education facts sheets, <http://www.gmhc.org/living/treatmnt.html>

Journal of the American Medical Association HIV/AIDS Information Center,
<http://www.ama-assn.org/special/hiv/library/library.htm> Abstracts of selected recent medical journal articles.

Scientific and medical journals' Web sites, <http://www.aegis.com/links.asp?TOC=journal>
AEGIS link page

Treatment Action Group (TAG), <http://aidsinfonyc.org/tag/taglines/taglines.html>
Opportunistic Infections Report, Version 2.0, 1998. A critical review of the treatment and prophylaxis of AIDS-related opportunistic infections.

AIDS Weekly – A weekly publication that reports on HIV/AIDS-related news and research.
<http://www.aegis.com/pubs/aidswkly/>

Being Alive – A monthly newsletter of medical updates and information about living with HIV.
<http://www.beingalivela.org/>

Body Positive – A monthly magazine with HIV-related information on medical, political and legal issue. \$25 a year suggested donation, free back issues online. 2095 Broadway, Suite 306, New York, NY 10023, 212-721-1346
<http://www.thebody.com/bp/bpix.html>

Directory of HIV Clinical Research in California – A free directory of open HIV/AIDS trials in California. Guide to HIV Clinical Trials in California
contact Greg Szekeres at gszekeres@php.ucsf.edu, 3180 18th Street Suite 201, San Francisco, CA 94110 tel (415) 476-9554 fax (415) 476-6948

Focus: A guide to AIDS Research and Counseling – This monthly publication provides one or two articles a month that discuss the counseling aspects of AIDS, putting the medical, epidemiological, and social aspects of the disease in the context of HIV-related counseling and psychotherapy. Published by the UCSF IDS Health Project. \$36 a year for individuals, \$24 a year for those with limited income. UCSF AIDS Health Project, PO Box 0884, San Francisco, CA 94143-0884. ISSN 1047-0719.

PI Perspective – A free newsletter on HIV treatments and public policy. Published periodically by Project Inform. <http://www.projinf.org/> Project Inform, 205 13th Street, #2001, San Francisco, CA 94103 Treatment Hotline Phone Number: 800-822-7422 (toll-free) or 415-558-9051 (in the San Francisco Bay Area and internationally)

Two Spirit Update – An online collection of materials and resources developed for American Indians and Alaska Natives. National Native American AIDS Prevention Center information@nnaapc.org
436-14th Street, Suite 1020, Oakland, California 94610 Telephone: (510) 444-2051 Facsimile: (510) 444-1593
<http://nnaapc.org/MiscNewsSr.asp?CustComKey=3822&CategoryKey=3169>

Treatment Issues – A monthly newsletter on experimental and alternatives AIDS therapies. Your contribution will help GMHC continue to publish *Treatment Issues*. Yearly subscription rates: \$55—Individuals, \$95—Physicians/Institutions, \$95—

International, Sliding scale for HIV-positive and/or low income individuals. Published by the Gay Men's Health Crisis in New York (GMHC). GMHC Treatment Issues The Tisch Building, 119 West 24 Street, New York, NY 10011 Fax: 212/367-1528 E-mail: fredg@gmhc.org
<http://www.gmhc.org/living/treatment/ti.html>

World (Women Organized to Respond to Life Threatening Diseases) – WORLD Newsletter: 122 issues in 122 months. This monthly, 8-page newsletter with over 12,000 readers in over 85 countries has published personal stories of over 300 women living with HIV, in addition to treatment updates, resources, and other information about living with HIV. Donations appreciated. WORLD, 414 13th Street, 2nd floor, Oakland CA 94612
Call us on the phone: 510/986-0340 Send us a fax: 510/986-0341
Send us an email: info@womenhiv.org <http://www.womenhiv.org/>

ORGANIZATIONS WITH INFORMATION ON SUBSTANCE ABUSE

Al-Anon Family Group Headquarters, Inc.

P.O. Box 862
Midtown Station
1372 Broadway
New York, NY 10018
800-344-2666

Institute on Black Chemical Abuse (IBCA)

2614 Nicollet Ave. S.
Minneapolis, MN 55408
612-871-7878

National Association for Perinatal Addiction Research and Education (NAPARE)

11 E. Hubbard St.
Suite 200
Chicago, IL 60611
312-329-2512

National Association of Children of Alcoholics (NACOA)

1146 Rockville Pike, Suite 100
Rockville, MD 20852
301-468-0985

National Council on Alcoholism, Inc. (NCA)

12 W. 21st St.
New York, NY 10010
800-622-2255

TOLL-FREE INFORMATION

1-800-NCA-CALL – National Council on Alcoholism Information Line

The National Council on Alcoholism, Inc., is the national, nonprofit organization combating alcoholism, other drug addictions, and related problems. Provides information about NCA's State and local affiliates activities in their areas. Also provides referral services to families and individuals seeking help with an alcohol or other drug problem.

1-800-622-HELP – NIDA Hotline

NIDA Hotline, operated by the National Institute on Drug Abuse, is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug use also are distributed in response to inquiries.

SOURCES OF FREE CATALOGS OF ALCOHOL AND OTHER DRUG USE PUBLICATIONS

Hazelden Educational Materials. A source for pamphlets and books on drug use and alcoholism and curriculum materials for drug prevention. 1-800-257-7810. Hazelden Foundation

P. O. Box 11 • CO3 • Center City, Minn. 55012-001. <http://www.hazelden.org/>

National Council on Alcoholism. A source for pamphlets, booklets, and fact sheets on alcoholism and drug use. 20 Exchange Place, Suite 2902, New York, NY 10005 phone: 212/269-7797 fax: 212/269-7510 email: national@ncadd.org
<http://www.ncadd.org>

HOPE LINE: 800/NCA-CALL (24-hour Affiliate referral)

Johnson Institute. A source for audiocassettes, films, videocassettes, pamphlets, and books on alcoholism and drug use. Offers books and pamphlets on prevention and intervention for children, teens, parents, and teachers. Executive Office: 1273 National Press Building

Washington, DC 20045 (202) 662-7104 Minnesota Office: 10001 Wayzata Blvd.
Minnetonka, MN 55305 (952) 582-2713

National Association for Children of Alcoholics. A source for books, pamphlets, and handbooks for children of alcoholics. 11426 Rockville Pike, Suite 100, Rockville, Maryland 20852
Phone: 888-55-4COAS or 301-468-0985 Fax: 301-468-0987 E-mail: nacoa@nacoa.org
<http://www.nacoa.org/>

Drug-Free Schools and Communities. State and Local Programs, U.S. Department of Education. This program provides each State educational agency and Governor's office with funds for alcohol and drug education and prevention programs in local schools and communities. For information on contact persons in your State, contact the U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202 E-mail: customerservice@inet.ed.gov Telephone: 1-800-USA-LEARN TTY: 1-800-437-0833 Fax: (202) 401-0689

Families in Action. This organization maintains a drug information center, with more than 200,000 documents. Publishes Drug Abuse Update, a quarterly journal containing abstracts of articles published in medical and academic journals and newspapers. \$25 for four issues. National Families in Action, 2957 Clairmont Road NE, Suite 150, Atlanta, Georgia 30329
Phone 404-248-9676, Fax 404-248-1312, nfia@nationalfamilies.org
<http://www.nationalfamilies.org/>

The Health Connection. This organization publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention magazines designed for classroom use, and adult use. The Health Connection, 55 W. Oak Ridge Drive, Hagerstown, Maryland 21740 Telephone 1-800-548-8700 (From U.S.A. and Canada) 301-393-3267 (World-wide) Work Hours, The Health Connection phone lines are open from 8:00 a.m. to 5:00 p.m., Monday through Thursday, except on major holidays. FAX-1-888-294-8405 E-mail, sales@healthconnection.org
<http://www.healthconnection.org/temp/new/>

SCHOOL AND COMMUNITY RESOURCES

ACTION Drug Prevention Program. ACTION, the Federal volunteer agency, works at the local, State, and national levels, to encourage and help fund the growth of youth parents, and senior citizen groups and networks committed to helping youth to remain drug free. ACTION can provide *Kids and Drugs: A Youth Leaders' Handbook* and a brochure called *Idea Exchange*, which outlines 32 drug-free activities for children and teens, including ideas for speakers, publicity, community involvement, and projects. 806 Connecticut Ave., N.W., Suite M-606, Washington, DC 20525. 202-634-9292.

American Council for Drug Education (ACDE). ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films. 204 Monroe Street, Suite 110, Rockville, MD 20852. <http://www.acde.org/>

Drug-Free Schools and Communities. Regional Centers Program, U.S. Department of Education. This program is designed to help local school districts, State education agencies, and institutions of higher education to develop alcohol and drug education and prevention programs. Five regional centers provide training and technical assistance. For further information on center services, contact the center in your region or, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202 E-mail: customerservice@inet.ed.gov Telephone: 1-800-USA-LEARN TTY: 1-800-437-0833 Fax: (202) 401-0689

Northeast Regional Center for Drug-Free Schools and Communities. Northeast Regional Center for Drug Free Schools and Communities, 12 Overton Avenue, Sayville, NY 11782, 516/589-7022, FAX 516/589-7894 Includes: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and Vermont.

Southeast Regional Center for Drug-Free Schools and Communities. Southeast Regional Center for Drug Free Schools and Communities, Spencerian Office Plaza, Suite 350, University of Louisville, Louisville, KY 40292, 502/852-0052, 800/621-SERC, FAX 502/852-1782 Includes: Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands, and Puerto Rico.

Midwest Regional Center for Drug-Free Schools and Communities. Midwest Regional Center for Drug Free Schools and Communities, 1990 Spring Road, 3rd Floor, Oak Brook, IL 60521 708/571-4710, FAX 708/571-4718 Includes: Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin.

Southwest Regional Center for Drug-Free Schools and Communities, Southwest Regional Center for Drug-Free Schools and Communities, College of Continuing Education, The University of Oklahoma, Building 4, Room 138, 555 East Constitution Street, Norman, OK 73072

(405) 325-1454 or 1-800-234-7972 Fax: (405) 325-7092 Includes: Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and Utah.

NATIVE AMERICAN WEBSITES

<http://www.nativeshop.org/> – Native Shop is a project of the Native American Women's Health Education Resource Center. We are marketing products as an economic development project to raise funds for the resource center's programs.

<http://www.ihs.gov/> – The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

<http://hsc.unm.edu/library/nhd/> – Provides access to bibliographic information pertaining to health and medical issues of the American Indian, Alaska Native and first Canadian populations.

<http://ih.jhsph.edu/cnah/> – Our mission at the Johns Hopkins Center for American Indian Health is to research, design and implement, in partnership with tribes, strategies to raise the health and well being of American Indians to the highest possible level.

<http://www.nau.edu/ihd/CANAR/> – The mission of CANAR is to serve as an avenue for collaboration and cooperation between Administrators of rehabilitation projects serving Native American persons with disabilities, to increase and enhance the quality of services, resulting in positive outcomes for Native American persons with disabilities.

<http://www.3feathers.org/> – The Indian Disabilities Service Quality Improvement Center helps people by assisting grantees in locating, identifying, and providing quality disabilities services to children with disabilities and their families.

<http://www.nihb.org/> – The National Indian Health Board tells about different organizations that are directed toward Indian's and health issues. In this site there are also reports written about all the different organizations.

<http://www.nnaapc.org/> – The National Native American Prevention Center is designed to stop the spread of HIV and related diseases among American Indians, Alaskan Natives, and Native Hawaiians, and to improve the quality of life.

<http://www.richheape.com/medicine.htm> – This site shows different videos that you can purchase that will show you about American Indian and health, and also about healing powers.

<http://www.aaip.com> – AAIP is dedicated to pursuing excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body, and spirit. AAIP

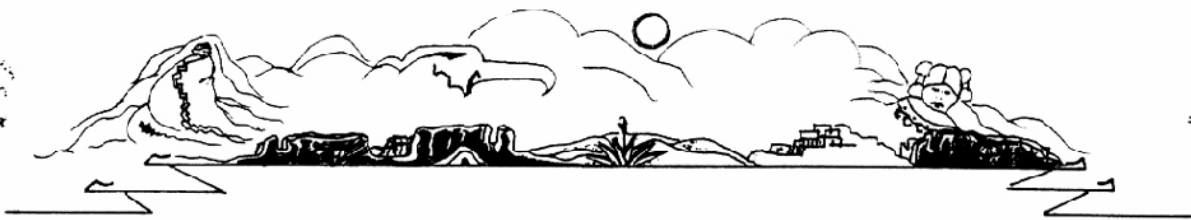
members are very active in medical education, cross cultural training between western and traditional medicine, and assisting Indian communities.

<http://nativeheritage.net/HealthLinks.html> – This site offers information about Native Americans and diabetes. It gives information on diabetes prevention, diabetes cooking, and the dangers of insulin.

<http://aihc1998.tripod.com/> – The American Indian Health Council is dedicated to providing health information, referral, and outreach services to the American Indian community.

<http://www4.nau.edu/ihd/airrtc/> – The ARRTC has conducted research and training to improve rehabilitation services for American Indians with disabilities.

<http://members.aol.com/natamcan/> – This Native American Cancer Research site gives information about different types of cancer and how they effect Native Americans.



Glossary

Abstain. Non-action. Example: deciding not to use drugs or alcohol.

Abuse. Something misused in a way that is harmful, like drinking to solve problems.

Acquired immunodeficiency syndrome. (AIDS) A disease, caused by HIV that destroys the immune system making it unable to fight infections.

Adapt. To adjust, to handle changes and accept situations without too much stress.

AIDS virus – The virus that causes AIDS, known as the human immunodeficiency virus (HIV).

Alternative healing – Refers to methods of healing not medically approved, may involve healing techniques found in different societies, such as acupuncture (from China) and herbal medicines.

Anal intercourse. Insertion of the erect penis into the anus of the sexual partner.

Antibody. Body protein manufactured purposely to defend or protect the body from germ causing illness or disease.

Anus. The body opening that allows release of solid food waste at the end of the digestive track.

Bisexual. Preference for having sexual partners of either the same sex and/or the opposite sex.

Blackout. May occur if someone drinks a lot; not the same as passing out; the person is conscious (fully awake) but can't recall what went on for a period of time, his memory "blacks out."

Epidemic. An illness or disease spreading so quickly that many people have it at once.

Fetal Alcohol Syndrome (FAS) A group of problems and symptoms a child is born with due to the mother's consumption of alcohol during the pregnancy.

HIV antibody test. A test used to detect antibodies against HIV in blood samples. The test does not detect AIDS but rather the virus that causes AIDS.

Hemophilia, hemophiliac. An inherited gene condition causing difficulty for the blood to clot. A hemophiliac may suffer from bruising easily and may bleed easily and profusely.

Heterosexual. Preference for having sexual partners of the opposite sex.

High-risk behavior. Behaviors that increase the chance of harm to one's overall being such as using a dangerous drug, drinking, or unsafe sexual activities.

Holistic Health. Refers to perceiving health and well-being as a balanced connectedness between the emotions, intellect (mind), body, and spirit.

Homosexual. Preference for having sexual partners of the same sex.

Human Immunodeficiency Virus (HIV). The virus that causes AIDS.

Immune System. The body's defense system against disease, which produces antibodies in the blood and other body fluids to fight disease-producing germs.

Impact. The overall effect(s) on something as a result of some action or event, such as the impact of HIV on the family when a member is infected with it.

Inhibitions. Thing you are uncomfortable about doing.



Intravenous. A method of injecting fluid substances (IV) into the body using a hypodermic needle.

Kaposi's sarcoma. A rare form of cancer that persons with AIDS develop more often than other people; one of the opportunistic diseases.

Misconception. A false idea or misunderstanding.

Myth. An explanation not based on fact; a story.

Opportunistic infections. Infections that develop due to the body being unable to fight or resist them.



Pandemic. An epidemic that has spread among continents to become worldwide.

Penalty. Similar to punishment.

Penis. Male sexual organ

Perinatal. Stage of fetus (unborn child) development in the uterus (womb) of the mother.

Pneumocystic carinii pneumonia. Hard to cure infection of the lungs that may cause death.

Prevention; preventive measures. Actions or precautions that may lessen the chance of getting an illness or disease.

Rectum. The end of the body's internal digestive system opening to form the anus.

Risk. A behavior that can result in harm.

Semen. Fluid produced by the male sex organ (testicles) which exits the body through the penis.

Sexually transmitted disease (STD) Diseases such as gonorrhea or Chlamydia that are transmitted from the infected person to his/her partner.

Uterus. The womb, major female reproductive organ wherein the development of the fetus (unborn child) takes place.

Vagina. The female passageway (birth canal) extending from the external genital folds to the uterus.

